VERMONT

AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING
Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury VT 05671-2306
http://www.dlp.vermont.gov
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

September 10, 2014

Ms. Kristine Kupcha, Administrator
Copley House Community Care Home
379 Washington Highway
Morrisville, VT 05661

VIA FAX (802) 888-6393 AND FIRST CLASS MAIL

Dear Ms. Kupcha:

The Division of Licensing and Protection completed the complaint investigation at your facility on **August 27, 2014**. The purpose of the survey was to determine if your facility was in compliance with Vermont Residential Care Home Regulations. The survey statement is enclosed. This survey found the most serious deficiency in your facility to be widespread deficiencies that constitute no actual harm with potential for more than minimal harm that is not immediate jeopardy. You must submit a plan of correction. Please write/type the Plan of Correction in the space provided to the right. A completion date for each plan of correction must be indicated in the far right hand column. Attach additional pages if necessary.

Please sign, date, and indicate your title on the bottom of the first page of the report and return this report to this office no later than **September 23, 2014**.

Your POC must contain the following:

- What action you will take to correct the deficiency;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
- How the corrective actions will be monitored so the deficient practice does not recur.
- The dates corrective action will be completed.

If you disagree with the existence or accuracy of a deficiency, please provide comments in the space provided beneath the deficiency statement.

You may also request an informal review of all or part of the contents of the notice at any time prior to **September 23, 2014** by calling Frances Keeler, RN, MSN, DBA, Assistant Division Director, or Clayton Clark, Division Director at 871-3317. If you are not satisfied with the outcome of the informal review with the Division, you may request a review by the Commissioner of Disabilities, Aging and Independent Living. To request a review with the Commissioner, call 802-871-3350.

The Department is authorized to impose sanctions for failure to correct a deficiency and/or failure to provide proof of correction by the specified Correction Date. Depending on the nature of the violations, the following sanctions may be imposed: administrative penalties of up to $10.00 per resident or $100.00, whichever is greater, for each day the violation remains uncorrected; suspension, revocation or modification of an existing license; refusal to renew a license; suspension of admission or transfer of residents to an alternative placement; injunctive relief to enjoin any act or omission; and the appointment of a receiver for a facility. If you feel strict compliance with the law or regulations would impose a substantial hardship, you may apply to the Department for a variance as stated under Section III of the Residential Care Home Licensing Regulations. You must do so prior to **September 23, 2014**.

Appeals

As noted above, you may seek an informal review from Frances Keeler, RN, MSN, DBA, Assistant Division Director, or a Commissioner's review of this decision. In addition, you have a right to request a fair hearing with the Human Services Board. Decisions by the Department of Disabilities, Aging and Independent Living can be appealed to the Human Services Board pursuant to 3 V.S.A. §3091. The request for a fair hearing before the Human Services Board must be made within thirty (30) days of your receipt of the notice of this decision, and can be made by writing to the Board at 14-16 Baldwin Street, Montpelier, VT 05633-4302. You have a right to appear before the Board and to present witnesses and other evidence with regard to the case. You also have a right to be represented by an attorney at the Human Services Board fair hearing.

Please contact me at 871-3317 if you have any questions.

Sincerely,

Pamela M. Cota, RN
Licensing Chief

PC/tw

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September 23, 2014

Ms. Kristine Kupcha, Administrator
Copley House Community Care Home
379 Washington Highway
Morrisville, VT 05661

Dear Ms. Kupcha:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **August 27, 2014.** Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN
Licensing Chief

PC:jl

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	0139	A. BUILDING: _____ B. WING _____	C 08/27/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COPLEY HOUSE COMMUNITY CARE HOME	379 WASHINGTON HIGHWAY MORRISVILLE, VT 05661

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: On 08/27/2014 an unannounced, on-site investigation of 1 complaint and 2 self reports was conducted by the Division of Licensing and Protection in conjunction with a re-licensing survey. The following deficiencies were identified.	R100	Going forward, each resident will have a support plan around PRN medication use in hand, listed information will include, but not be limited to medication name, dose, route, frequency, reason (behavior), circumstances, desired effect, common side effects and physicians signature. This plan will be reviewed quarterly by the nurse. R147 POC accepted 9/22/14 JH RN/PMC	9/19
R147 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.9.c (4) Maintain a current list for review by staff and physician of all residents' medications. The list shall include: resident's name; medications; date medication ordered; dosage and frequency of administration; and likely side effects to monitor; This REQUIREMENT is not met as evidenced by: Based on record review and staff interview on 08/27/2014, the community care home failed to assure the accuracy of the medication list for 1 of 6 residents in the sample, (Resident # 1). The specifics are as follows: Per record review on 08/27/2014 in the morning, Resident # 1 has Ibuprofen 200 mg (2 tablets) ordered as needed. There are no parameters for use and no frequency listed on the medication order form or the MAR (Medication Administration Record) for this medication. This is confirmed during interview with the home medication nurse at 1:40 PM on the same day.	R147		

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

_____, MA, Clinical Coordinator 9/19/14

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R160	Continued From page 1	R160		
R160 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.a Each residential care home must have written policies and procedures describing the home's medication management practices. The policies must cover at least the following: (1) Level III homes must provide medication management under the supervision of a licensed nurse. Level IV homes must determine whether the home is capable of and willing to provide assistance with medications and/or administration of medications as provided under these regulations. Residents must be fully informed of the home's policy prior to admission. (2) Who provides the professional nursing delegation if the home administers medications to residents unable to self-administer and how the process of delegation is to be carried out in the home. (3) Qualifications of the staff who will be managing medications or administering medications and the home's process for nursing supervision of the staff. (4) How medications shall be obtained for residents including choices of pharmacies. (5) Procedures for documentation of medication administration. (6) Procedures for disposing of outdated or unused medication, including designation of a person or persons with responsibility for disposal. (7) Procedures for monitoring side effects of psychoactive medications. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview on	R160	Chris Howard Residents will be monitored quarterly. Those residents who are on psychotropic will be monitored and assessed. Those residents will have a section on the doctor's note for side effect monitoring. Residents who are on psychotropic will have a sheet signed by the doctor stating side effects are monitored and how they are to be addressed. A form is being developed to be given to staff along with medication trainings	

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R160	Continued From page 2 08/27/2014, the community care home failed to develop and ensure procedures to monitor each resident for side effects of psychoactive medication use for 1 of 6 residents in the sample (Resident # 1). The specifics are as follows: 1. Per record review on 08/27/2014, Resident # 1 is receiving lorazepam quetiapine and risperdone on a daily basis (psychoactive medications). There is documentation that periodic screening for side effects of antipsychotic medications (using the AIMS assessment tool) was completed on 07/29/2009, 10/14/2009, 10/08/2010 and 10/19/2011. There are no AIMS assessments done in 2012 and 2013. This is confirmed by the house Registered Nurse (RN) during interview on 8/27/2014 at 2:40 pm.	R160	on recognizing the monitoring side effects of psychoactive medications per resident. Trainings have been scheduled for 9/25 10/9 and 10/23 do present and go over the material. The nurse will review the forms and all current psychoactive medications per resident. This goes along with our current procedure of alerting staff of a new medication and provision of the drug information sheet. R160 POC accepted 9/22/14 JHeinerRN/PMC	10/23
R163 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.5 Medication Management 5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions: (1) A registered nurse must conduct an assessment consistent with the physician's diagnosis and orders of the resident's care needs as required in section 5.7.c This REQUIREMENT is not met as evidenced by: Based on record review and staff interview on 08/27/2014, the community care home failed to follow the proper assessment protocol by the Registered Nurse (RN) for psychoactive medication use for 1 of 6 residents in the sample.	R163		

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R163	Continued From page 3 (Resident # 1) The specifics are as follows: 1. Per record review on 08/27/2014, Resident # 1 is receiving lorazepam quetiapine and risperdone on a daily basis. There is documentation that periodic screening for side effects of antipsychotic medications (using the AIMS assessment tool) was completed on 07/09/2009, 10/14/2009, 10/08/2010 and 10/19/2011. There are no AIMS or other side effect screening assessments done in 2012 and 2013. This is confirmed by the house Registered Nurse (RN) during interview on 8/27/2014 at 2:40 pm.	R163	Going forward a checklist will be kept by the Nurses Aides when AIMS, Care Plans and assessments are due. This will be monitored quarterly by the Nurses for up to date accuracy. Our discussion with Nursing nurses, our current practices will be to complete the AIMS assessments every six months as opposed to yearly. R163 POC accepted 9/22/14 JHosmer RN/PMP	10/30
R179 SS=B	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.b The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following: (1) Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid; (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; (5) Respectful and effective interaction with residents; (6) Infection control measures, including but not limited to, handwashing, handling of linens,	R179	Effective immediately, a	

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R179	Continued From page 4 maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the home failed to ensure that direct care staff competency training included all mandatory categories in the past year (Resident Rights, 5 of 5; Fire safety and evacuation, 1 of 5 in the applicable sample). Findings include: During record review on 8/27/14, the in-service training records for 5 of 5 staff in the sample lacked evidence that Resident Rights had been reviewed in the past twelve months. Additionally, the in-service records for 1 of 5 direct care staff lacked evidence that Fire safety and evacuation had been reviewed in the past twelve months. At 1:50 PM the Director confirmed that in-service records for 5 of 5 staff lacked Resident Rights, and for 1 of 5 staff lacked Fire safety and evacuation training in the past twelve months.	R179	training calendar will be drafted including but not limited to the per-trainings required by the Division of Licensing & Protection. This list will be kept in an agenda book with attendance sheets as well as any materials used or passed out during the trainings.	
R181 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.d The licensee shall not have on staff a person who has had a charge of abuse, neglect or exploitation substantiated against him or her, as defined in 33 V.S.A. Chapters 49 and 69, or one who has been convicted of an offense for actions related to bodily injury, theft or misuse of funds or property, or other crimes inimical to the public welfare, in any jurisdiction whether within	R181	R179 POC accepted 9/22/14 JHesmer-NP/PMC Human Resources was contacted on 9/19/14 with a list of missing background checks for staff at	

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R181	Continued From page 5 or outside of the State of Vermont. This provision shall apply to the manager of the home as well, regardless of whether the manager is the licensee or not. The licensee shall take all reasonable steps to comply with this requirement, including, but not limited to, obtaining and checking personal and work references and contacting the Division of Licensing and Protection in accordance with 33 V.S.A. §6911 to see if prospective employees are on the abuse registry or have a record of convictions. This REQUIREMENT is not met as evidenced by: Based on the review of 5 employee personnel records on 8/27/2014 the community care home failed to assure that 3 of 5 employees had the proper background checks prior to being hired to assure that no staff person had been charged with abuse, neglect, exploitation, or crimes inimical to the public welfare (Employee # 2, # 4 and # 5). The following are the specifics. Per review of employee personnel records on 08/27/2014 in the afternoon, 3 of 5 employees do not have the required background checks in their files. It is confirmed during interview by the Director, that employee # 2 and # 4 do not have record of VCIC (Vermont Criminal Information Center) check. It is further confirmed during the same interview with the Director that employee # 5 has neither a VCIC check nor Adult or Child Abuse background checks in his/ her personnel record.	R181	Copley House. All new employees will have a completed Checklist in their folder stating background Check has been performed. All current employee files will be Checked and a Checklist will be placed in them as well. R181 POC accepted 9/22/14 SBosworth/PHL	10/20
R190 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.12.b.(4)	R190		

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R190	Continued From page 6 The results of the criminal record and adult abuse registry checks for all staff. This REQUIREMENT is not met as evidenced by: Based on the review of 5 employee personnel records on 8/27/2014 the community care home failed to assure that 3 of 5 employees had the proper background checks prior to being hired to assure that no staff person had been charged with abuse, neglect, exploitation, or crimes inimical to the public welfare (Employee # 2, # 4 and # 5). The following are the specifics. Per review of employee personnel records on 08/27/2014 in the afternoon, 3 of 5 employees do not have the required background checks in their files. It is confirmed during interview by the Director, that employee # 2 and # 4 do not have record of VCIC (Vermont Criminal Information Center) checks. It is further confimed during the same interview with the Director that employee # 5 has neither a VCIC check nor Adult or Child background checks in his/ her personnel record.	R190		
R247 SS=F	VII. NUTRITION AND FOOD SERVICES 7.2 Food Safety and Sanitation 7.2.b All perishable food and drink shall be labeled, dated and held at proper temperatures; (1) At or below 40 degrees Fahrenheit. (2) At or above 140 degrees Fahrenheit when served or heated prior to service. This REQUIREMENT is not met as evidenced by:	R247	A record sheet was created the day of the inspection to record the temperatures of all 3 refrigerators	8/27

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R247	Continued From page 7 Based on observation, record review and staff interview, the home failed to demonstrate assurance that perishible food and drink is held at proper temperatures. Findings include: 1. During the tour of the home on 8/26/14, the staff person stated that freezer and refrigerator temperatures are checked monthly. There was no evidence provided to indicate that temperatures were being checked monthly or that the refrigerated foods had been held below 40 degrees Fahrenheit. At 3:00 PM, the Director confirmed that no written logs were available to show temperature monitoring or refrigeration at below 40 degrees Fahrenheit.	R247	indicating the date and the temperatures. The temperature will be checked twice a week. This will be monitored by the overnight manager. R247 POC accepted 9/22/14 JH-Homer RN/PHC	9/30
R302 SS=E	IX. PHYSICAL PLANT 9.11 Disaster and Emergency Preparedness 9.11.c Each home shall have in effect, and available to staff and residents, written copies of a plan for the protection of all persons in the event of fire and for the evacuation of the building when necessary. All staff shall be instructed periodically and kept informed of their duties under the plan. Fire drills shall be conducted on at least a quarterly basis and shall rotate times of day among morning, afternoon, evening, and night. The date and time of each drill and the names of participating staff members shall be documented. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the home failed to conduct a fire drill during 1 of 4	R302	A schedule has been developed to ensure fire drills are conducted once a month	9/30

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R302	Continued From page 8 quarters in the past year, and did not rotate times of day to represent morning, evening and night. Findings include: 1. During record review on 8/27/14, the documentation for fire drills conducted in the past 12 months included three drills which were in the afternoon period. No drills were evident during the morning, evening, or night periods. At 1:15 PM, the Director confirmed that no further fire drill documentation was available other than the three afternoon drills. Additionally, the three recorded fire drills did not include any drill for the third quarter of the past 12 month period. At 1:50 PM, the Director confirmed that no documentation of a drill during the third quarter could be provided.	R302	This will be monitored by the Clinical Manager. R302 POC accepted 9/22/14 JHesmerRN/PHC	